



#32/F

PATENT

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Reissue Application) Examiner: B. Casler
of: Dickinson, et al.)
Reissue Serial No.:) Art Unit: 3737
08/427,070)
Filed: April 24, 1995)
For: MAGNETIC RESONANCE)
APPARATUS)
Date of Last)
Office Action:)
April 10, 2001)
Attorney Docket No.:)
PKR 2 363-4-1)

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Cleveland, Ohio 44114-2518
July 6, 2001

AMENDMENT F

Box Non-Fee Amendment
Assistant Commissioner for Patents
Washington, D. C. 20231

Dear Sir:

Responsive to the Office Action issued April 10, 2001
in connection with the above-identified patent application,
applicants amend the application as follows:

IN THE CLAIMS:

A clean set of claims 18-22, including replacement
claims 18 and 20-22, follows:

18. In an MRI system including an NMR polarizing

F'

CERTIFICATE OF MAILING

I hereby certify that this AMENDMENT F for U.S. Serial No. 08/427,070 is being
deposited with the United States Postal Service as first class mail in an envelope addressed to:
Box Non-Fee Amendment, Assistant Commissioner for Patents, Washington, D.C. 20231 on this 6th day
of July, 2001.

Laurie A. Boylan
Laurie A. Boylan



CERTIFICATE OF MAILING

GP3737

I hereby certify that this AMENDMENT F for U.S. Serial No. 08/427,070 is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Box Non-Fee Amendment, Washington, D.C. 20231 on this 6th day of July, 2001.

Laurie A. Boylan
Laurie A. Boylan

AMENDMENT TRANSMITTAL LETTER

Attorney Docket No.: PKR 2 363-4-1

Serial No: 08/427,070	Filing Date: April 24, 1995	Examiner: B. Casler
Group Art Unit: 3737	Invention: MAGNETIC RESONANCE APPARATUS	

Assistant Commissioner for Patents
Box Non-Fee Amendment
Washington, D.C. 20231

Transmitted herewith is **Amendment F** in connection with the above-identified application. The fee has been calculated as shown below.

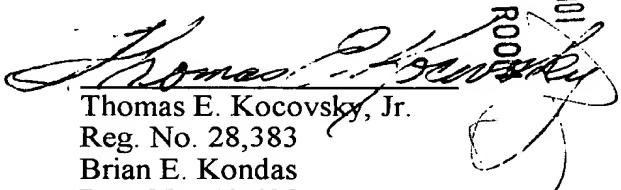
CLAIMS AS AMENDED						
	Claims remaining after response		Highest Number Previously Paid For	No. of Extra Claims Present	Rate	Additional Rate
Total Claims	18	Minus	22	-0-	x \$18.00	\$ -.00 -
Indep. Claims	7	Minus	9	-0-	x \$78.00	\$ -.00 -
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$.00

No additional fee is required.
 Please charge Deposit Account No. 06-0308 in the amount of \$____ to cover the additional fee.
 A check in the amount of \$____ to cover the additional fee is enclosed.
 Please charge any other additional fees or credit overpayment to Deposit Account No. 06-0308.

Date: July 6, 2001

FAY, SHARPE, FAGAN,
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